

*Questions & Answers*  
**Language Assistance for California HMO members**

- Q) What will be required of California health plans to provide health care services to its members in appropriate languages under the proposed DMHC regulations?**
- A) Each of the 96 full-service health plans (such as Blue Cross, HealthNet or PacifiCare) and specialized plans (such as those providing vision or dental) will be required to develop and implement a language assistance program, based on the needs of its individual members. The regulations allow each plan to design their own program, but all must at a minimum include:
- A survey of its membership that will be used to design the program
  - Elements of the language assistance services to be provided
  - Staff training standards
  - Compliance monitoring standards
- Q) What is the process for finalizing the regulations after the public hearings?**
- A) Following the public hearings this week (one was held on February 14 in Los Angeles), a final draft of the regulations will be developed by DMHC staff, taking into consideration the information gathered. Once the final draft is approved internally, the regulations will then be submitted to the Office of Administrative Law for final approval and become effective. We hope that this process is completed by late spring.
- Q) Once the regulations are final, how long do health plans have until they must begin to offer services in appropriate languages?**
- A) One year after the regulations become effective, health plans must complete the initial survey of its membership to determine the number of members in need of language assistance, the languages spoken and level of assistance necessary. The plans will then submit its language assistance program to the DMHC and approval will be given through recommendations by staff of the its HMO Help Center, which is the division most appropriate for assessing these services. Under the proposed regulation, plans must have its program approved and in place by July 1, 2007. By October 1, 2007, plans must have the appropriate materials translated into certain languages and interpretive services available to its membership.
- Q) Are there enough health care interpreters to offer needed services?**
- A) It is anticipated that this new law and regulation will likely expand the need for health care interpreters. In order to gain approval of its program by the DMHC, health plans will need to demonstrate that the quality of interpreter services and translations provided are both proficient and culturally sensitive. The DMHC has worked closely with the California Healthcare Interpreters Association in the

development of these regulations and encourages its efforts to develop uniform qualification standards for health care interpreters.

**Q) How will the DMHC make sure that plans are complying with the new regulations?**

- A) The DMHC's HMO Help Center, which is charged with conducting frequent surveys and assessments of the programs and services offered by health plans, will also assess the plans' language assistance programs. The HMO Help Center staff is expertly trained to make these assessments and works closely with consumers and other advocates on establishing acceptable standards of quality health care. Complaints from consumers about plan's language assistance programs will be handled with the same level of quality as all other complaints to the Help Center. Any violations by the plans will be referred to the DMHC's enforcement unit for evaluation and any necessary fines and penalties can be assessed to the full extent of the law.

**Q) Does state law currently require any translation services in medical settings?**

- A) California's current system of regulating HMOs and insurers does not set standards for culturally and linguistically appropriate care. However in 1990, Health & Safety Code Section 1259 was added to require general acute care hospitals to adopt a policy for providing language assistance. The current DMHC regulations seek to not disrupt the systems in place in a hospital, but add additional consumer protections by requiring the health plans to assess and respond to the needs of its members who may not be receiving appropriate language assistance. Publicly-funded health systems, such as Medi-Cal and Medicare, have policies in place regarding language assistance.

**Q) Do these regulations ban children from serving as interpreters for their parents during an appointment at a doctor's office?**

- A) No. The DMHC proposed regulations do not ban children or other family members from serving as interpreters in doctor's offices. We've allowed flexibility for those who prefer to have loved ones serve in this capacity. However, because plans must now provide interpretive services free of charge, the DMHC will encourage the use of these services so that all patients have the benefit of having complex medical information explained to them in a language they can understand. The DMHC regulations implement SB 853 (Escutia), which is different than AB 755 (Yee), a current proposal that would fully ban children from serving as interpreters in health care settings.

**Q) Won't language assistance services be expensive for health plans to provide? Aren't you concerned that these services will only cause premiums to rise and cause more people to become uninsured?**

- A) Plans and providers have expressed serious concerns about the costs of implementing both the law and regulation. However, now that the law has been passed, it is the DMHC's job to implement it as fairly as possible. Throughout the drafting of the regulation and meetings with nearly 30 stakeholder groups, the DMHC has been very sensitive to rising costs in the health care system. One of our duties in implementing this law will be to closely monitor the effect of providing language assistance on health care premiums and will work closely with plans and providers to ensure that HMO members continue to have access to effective and affordable health care coverage.

**Q) Can people still provide comment to the DMHC after the public hearings this week?**

- A) Yes. The public can send comments through Yes. The public can send comments through 5:00 p.m. on March 3 by calling, faxing, mailing, e-mailing or posting to the DMHC Web site:

California Department of Managed Health Care  
980 Ninth Street, Suite 500  
Sacramento, CA 95814  
ATTN: Regulations Coordinator  
916) 445-9757 -- phone  
(916) 322-3968 -- fax  
regulations@dmhc.ca.gov -- email  
<http://wpso.dmhc.ca.gov/regulations/> -- website

Please identify the regulation by providing the regulation's title, Language Assistance Programs, and the DMHC Control Number, 2004-0115.

**Q) What else is the DMHC doing to provide language assistance to HMO members?**

- A) The DMHC continues to work to encourage plans and medical groups to develop innovative ways to provide language assistance to its diverse memberships. One of the ways we are working together is to encourage the use of a toolkit for doctors and other health care providers developed by the American Academy of Family Physicians. This toolkit is serving as a model for more than 20 health care organizations. It provides resources for translating materials and emphasizes the importance of interpretive services throughout the health care system, not just for those enrolled in HMOs.